

## **Alcohol Permit**

## City of Kirkland Parks & Community Services

www.kirklandwa.gov

ermit Date:	Heritage Hall Marina Pavilion
(Note: Permit application must be completed at least 5 business days in advance)	
As the lessee of a pavilion/facility from the City of Kirk alcohol permit for said pavilion/facility.	land Parks and Community Services, I hereby request ar
1. I understand the following:	
<ol> <li>The permit is for beer and/or wine only.</li> <li>No person under 21 years of age may possess of</li> </ol>	or consume alcohol.
<ol> <li>Alcoholic beverages are not permitted outside to</li> </ol>	
5. Anyone taking alcoholic beverages outside of th	a properties of areas of the position /fostitus will be represented
from the park and cited.	ie prescribed areas of the pavillon/facility will be removed
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest	attendees of the event about these restrictions and will or/designated agent has the right to cancel this permit a of parks operations and public safety.
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest It is further understood that the City of Kirkland does not drinking in this pavilion/facility.	attendees of the event about these restrictions and will cor/designated agent has the right to cancel this permit a of parks operations and public safety. It assume any liability for the actions resulting from person
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest It is further understood that the City of Kirkland does not drinking in this pavilion/facility.  Contact Person's Signature:	attendees of the event about these restrictions and will cor/designated agent has the right to cancel this permit a of parks operations and public safety. It assume any liability for the actions resulting from person
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest It is further understood that the City of Kirkland does not drinking in this pavilion/facility.  Contact Person's Signature:  Print Contact Person's Name:	attendees of the event about these restrictions and will cor/designated agent has the right to cancel this permit a of parks operations and public safety.  assume any liability for the actions resulting from person  Date:
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest It is further understood that the City of Kirkland does not drinking in this pavilion/facility.  Contact Person's Signature:	attendees of the event about these restrictions and will cor/designated agent has the right to cancel this permit a of parks operations and public safety.  assume any liability for the actions resulting from person  Date:
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest It is further understood that the City of Kirkland does not drinking in this pavilion/facility.  Contact Person's Signature:  Print Contact Person's Name:	attendees of the event about these restrictions and will cor/designated agent has the right to cancel this permit a of parks operations and public safety.  assume any liability for the actions resulting from person  Date:
from the park and cited.  I understand that it is my responsibility to inform the inform them. I further understand that the Parks Direct any time he/she deems it necessary in the best interest It is further understood that the City of Kirkland does not drinking in this pavilion/facility.  Contact Person's Signature:  Print Contact Person's Name:  Organization/Group:	attendees of the event about these restrictions and without or/designated agent has the right to cancel this permit at of parks operations and public safety.  It assume any liability for the actions resulting from person  Date: